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| MRSC logo MS Word cropped.jpg | **Environmental Health**  Services |
| ABN 42 686 389 537 – PO BOX 151, KYNETON VIC 3444  T 03 5422 0333 – F 03 5422 3623 – [mrsc@mrsc.vic.gov.au](mailto:mrsc@mrsc.vic.gov.au) – www.mrsc.vic.gov.au | |

Septic Tank Plan Request form $153

Applicant

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: |  | | | | |
| Address: |  | | | | |
| Town: |  | | | Postcode: |  |
| Telephone: |  | | | Mobile: |  |
| Fax: |  | Email: |  | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Owner | Builder | Plumber | Other (please specify) |  |

Reason for request:

|  |
| --- |
|  |
|  |

Site address

|  |  |  |  |
| --- | --- | --- | --- |
| Lot no: |  | LP/subdivision no: |  |
| Address: |  |  |  |
| This space has been intentionally left blank. Please make sure you complete the form fields over page. | | | |

Please provide the following information:

|  |  |
| --- | --- |
| * Name of owner when house was built | * Any other previous owners (listed on copy of title) |
| * Other historical information | * Year house was built |
| * Previous lot numbers | * Previous address |
| * Previous building permit numbers |  |

If you have any additional information such as previous building permit numbers relating to the property, please list below:

|  |
| --- |
|  |
|  |
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|  |

Registered owner’s declaration (if different from the applicant)

|  |  |
| --- | --- |
| Owner’s full name: |  |

I give my permission for information requested on this form to be supplied to the above applicant.

|  |  |  |  |
| --- | --- | --- | --- |
| Owner’s signature: |  | Date: |  |

**Privacy**

The collection and handling of personal and health information is in accordance with Council’s Privacy Policy which is displayed on Council’s website, [mrsc.vic.gov.au/privacy](https://www.mrsc.vic.gov.au/About-Council/Our-Council/Policies/Privacy-Policy) and available for inspection at or collection from Council’s customer service centres.

Payment options

**In person**: present this form and payment (cash, cheque/money order, eftpos or credit card) at one of our Service Centres.

**By Mail**: cheque or money order – payable to Macedon Ranges Shire Council, or complete Credit Card payment authorisation below. Mail this form and payment to PO BOX 151 KYNETON VIC 3444.

Credit card payment authorisation

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Mastercard |  | | | | | | | | | Visa | | |  | | | | | | | | | | |
| I authorise you to charge the following amount to my credit card: $ | | | | | | | | | | | | | | | |  | | | | | | | |
| Name on card: |  | | | | | | | | | | | | | | | | | | | | | | |
| Credit card number: | | |  |  | |  |  |  | | |  |  | |  |  | |  |  |  |  |  |  |  |
| Expiry date (xx/xx): | |  | | | Signature: | | | |  | | | | | | | | | | | | | | |